



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
PO BOX 171
Boat Section
(609) 292-4517

Diane Legreide
Chief Administrator

TO PROCESS YOUR RECENT REQUEST TO OBTAIN BOAT DEALER REGISTRATIONS, WE NEED THE FOLLOWING:

INITIAL APPLICATION MUST BE COMPLETED

- ❖ TWO PHOTOGRAPHS SHOWING YOUR BUILDING AND SIGN
- ❖ A NOTARIZED STATEMENT ON YOUR LETTERHEAD STATING YOU WILL NOT USE THE DEALER REGISTRATIONS FOR PLEASURE PURPOSES AND THAT YOU ARE NOT BECOMING A DEALER TO AVOID PAYMENT OF SALES TAX. THE STATEMENT MUST ALSO CONTAIN AN ESTIMATE OF HOW MANY NEW AND USED BOATS YOU EXPECT TO SELL IN A YEAR.
- ❖ A COPY OF A CERTIFICATE OF AUTHORITY ISSUED BY THE DIVISION OF TAXATION. TO OBTAIN THIS CERTIFICATE AND A 9-DIGIT SALES TAX NUMBER CALL, PLEASE CALL (609) 292-6400.
- ❖ IF YOUR BUSINESS IS A CORPORATION PLEASE SUBMIT CORPORATION PAPERS. IF YOUR BUSINESS IS A LLC PLEASE SUBMIT THE FORMATION PAPERS.
- ❖ CERTIFICATE OF INSURANCE WHICH REFLECTS YACHT DEALER LIABILITY COVERAGE FOR DEMOSTRATION AND TEST RIDES, COVERING ALL OWNED BOATS.
- ❖

THE CERTIFICATE MUST READ:
MOTOR VEHICLE COMMISSION
BUSINESS LICENSE SERVICES - BOATS
PO BOX 171
TRENTON, NJ 08666

- ❖ COLOR PHOTOGRAPHS OF OWNER, PARTNERS, OFFICERS, OR MEMBERS
- ❖ A BUSINESS CHECK OR MONEY ORDER MADE PAYABLE TO "NJMVC" IN THE AMOUNT OF \$75.00.

UPON RECEIPT OF THESE ITEMS, AN INVESTIGATION OF THE BUSINESS WILL BE SET UP. ONCE APPROVED, FOUR BOAT DEALER REGISTRATIONS AND DECALS WILL BE ISSUED AND MAILED TO YOUR BUSINESS.

ENCLOSED FOR YOUR CONVENIENCE IS A RETURN ENVELOPE.

APPLICATION FOR LICENSE**FOR OFFICE USE ONLY**

License No. _____

Date _____

Reg. No. _____

Approved by _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

1. _____

Name Of Business (if corporation, corporate name)

Business phone _____

2. Please Check:

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other _____

Street Address _____

City _____

Zip Code _____

County _____

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

B. NJ Unemployment Registration Number _____

C. Federal Employer Identification Number _____

3. Please Check appropriate Box for License:

☐ Leasing Company☐ Driving School☐ Moped Dealer☐ Junkyard☐ Private Inspection Facility☐ Fleet DEIC☐ New & Used Motor Vehicle Dealer☐ Auto Body Repair Facility☐ Used Motor Vehicle Dealer☐ Fleet Inspection Facility☐ DEIC

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other _____

Home Address _____

Telephone Number _____

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes _____☐ No Give name and address of person _____

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No If yes, please explain the type of license and license numbers _____

8. Was the license ever suspended or revoked?
- If yes, explain:
- ☐ Yes
- ☐ No
9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name
- If yes, explain:
- ☐ Yes
- ☐ No
10. Does any stockholder own more than 10% of the corporation's stock?
- If yes, give name, address and holding
- ☐ Yes
- ☐ No

11. _____

Place of Incorporation

Date of Incorporation

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am _____ of the above business _____

Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of _____

who is _____ of said corporation.

President, Vice-President

Signature of Secretary

APPROVAL CERTIFICATE

I, _____ Clerk of the Municipality of _____ County of _____

(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the

- | | | |
|--|--|--|
| <input type="checkbox"/> Leasing Company | <input type="checkbox"/> Fleet DEIC | <input type="checkbox"/> Used Motor Vehicle Dealer |
| <input type="checkbox"/> Driving School | <input type="checkbox"/> New & Used Motor Vehicle Dealer | <input type="checkbox"/> Fleet Inspection Facility |
| <input type="checkbox"/> Moped Dealer | <input type="checkbox"/> Auto Body Repair Facility | <input type="checkbox"/> DEIC |
| <input type="checkbox"/> Junkyard | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Private Inspection Facility | | |

, located at _____

Complete Address

Signature of Municipal or Zoning Board Clerk

Date

BUSINESS LICENSE SERVICES
SUPPLEMENTARY APPLICATION

BUSINESS NAME			BUSINESS PHONE #		
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY					
2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.					
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)		
7. SEX	8. HEIGHT		9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)			
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO					
IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.					
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
SIGNATURE: _____ DATE _____					
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2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
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SIGNATURE: _____ DATE _____					



New Jersey Motor Vehicle Commission

Office of Regulatory Affairs
Business License Services
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____